

Several authors have stated that students typically prefer diagnostic tests and broad "search-and-seek" methods in making medical diagnoses,<sup>8,9</sup> whereas experts place more emphasis on the history. Rich and colleagues found that medical residents' perceptions of the history as a useful diagnostic tool increased during their training, perhaps as their interview techniques improved.<sup>7</sup>

Because of the usefulness of the history, we suggest that more time should be devoted to improving history-taking skills during clinical training. For example, trainees should spend more time observing an experienced clinician during an interview and vice versa. In addition, more value should be placed on history taking in terms of reimbursement. This might encourage physicians to develop their interviewing skills more fully and to spend more time talking to their patients.

While the physical examination and the laboratory investigation led to fewer diagnoses than the history in our study, they did help to increase the physicians' confidence in their diagnoses. Another aspect of the usefulness of the laboratory evaluation lies in the normal data that it can provide. For example, a normal coronary angiogram can be helpful in managing a patient with chest pain.

The categorization of some of the diagnoses in Table 2 may seem improbable at first glance. For example, making a diagnosis of monilial vaginitis from the history may seem unlikely. In this situation, the clinician interviewed a woman

with diabetes mellitus who had vaginal itching, a perineal rash, and a cheesy discharge but no dysuria. He was able to list the correct diagnosis first on the differential diagnosis list after the history was taken. Similar concerns arose about making the diagnoses of osteoarthritis, Gilbert's syndrome, and paroxysmal atrial tachycardia after the history. Again, careful history taking allowed the physicians to place the correct diagnoses first on the differential diagnosis list.

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## HEARD

When she is sewing, Mrs. Dowe can't feel the needle between her finger and thumb. Her doctor says his tests don't show anything. Her best friend's doctor says he can't find any evidence of it and for her simply to ignore it since she can still sew. Her neighbor's doctor says it seems like an odd complaint and he can't find anything wrong with her. Thus, she goes to Dr. Campbell, whom her hairdresser mentions. He says, "Yes, this could be, even though there isn't a test sensitive enough to pick up on it." Since seeing Dr. Campbell, nothing has changed, except that Mrs. Dowe doesn't have a need to mention it to anyone again, and is hardly aware that it even exists.

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